

that were frequently made to reduce these intussusceptions by means other than a laparotomy. Such attempts usually left the operator in doubt as to the condition of the gut, and were at times attended by an apparent relief of the symptoms without relieving the intussusception, and thus valuable time was lost. In corroboration of this statement he mentioned the case of a woman who suffered from symptoms of acute obstruction 10 days after an abdominal hysterectomy.

The diagnosis of intestinal adhesions resulting in obstructive kinking was made. She was placed in the Trendelenburg position and the bowels were inflated with saline and gentle massage of the lower abdomen performed. After this she passed a large amount of flatus and was apparently much improved. Several hours later her symptoms recurred, and upon opening the abdomen he found complete strangulation of the gut due to adhesions, and impending gangrene. It was apparent that the efforts to relieve the obstruction by manipulating had resulted in additional damage to the gut wall. The case recovered, but the patient was placed in a much more critical position than she would have been had the operation been done at once.

DR. CLARENCE A. McWILLIAMS said that about three years ago he attempted to reduce an intussusception by inverting the patient and injecting the bowels with water. He had previously seen two cases successfully treated in that manner which were reported by Dr. Northrop. In his own case, the condition had existed about twenty-four hours. With water injection, the tumor disappeared, and the patient returned to bed. The symptoms, however, were not alleviated, although no tumor was felt. The next day there was a small bloody movement of the bowels, and upon opening the abdomen he found that by his manipulations all but the last inch of the intussusception had been reduced. The speaker said he did not believe he would ever again advocate the reduction of this condition by manipulation or injection. He inquired as to the choice of an anæsthetic in these cases in children under one year—whether it was better to employ chloroform or ether?

DR. ERDMANN said that about a week ago he had been called upon to operate on two cases of intussusception in the course of four hours. Of his total number of 35 cases, twelve had been fully reported in a published paper on the subject. Of the

remaining 23 cases, out of 19 that were operated on, there were five excisions, with five deaths; no recoveries. These patients were all under 1 year old. Out of 16 other operative cases, ten recovered and six died; the oldest of these was four and a half years. Of the 23 cases, fourteen were males; eight females; one not stated. In the majority of cases, the intussusception was of the ileocæcal, ileocolic, and ileocolocolonic type.

In regard to the presence of a palpable tumor in intussusception, Dr. Erdmann said that in his paper on the subject he had made the statement that it was absent in 60 per cent. of the cases; he would now reduce those figures to 40 per cent., providing the examination was made under deep anæsthesia. In the two cases he had seen recently, one was a child of 10 months with an intussusception of 4 days' duration. Reduction in this case proved extremely simple, while in the second case, which was of only 2 days' duration, it was more difficult. Both patients recovered.

In regard to the choice of an anæsthetic in these cases, Dr. Erdmann said he now invariably used ether. He had formerly employed chloroform, and had seen one death result from it.

DR. WOOLSEY said that what was found on operation in reducing an intussusception explained the uncertainty of the injection method, its partial success, and ultimate failure. The greater part of the intussusception in cases of short duration is easily reduced, but the last 2 or 3 inches are reduced with some difficulty, for the walls of the gut are infiltrated and thickened. The injection treatment may reduce the intussusception except the last few inches and not completely, causing temporary improvement in the symptoms, but in such cases the intussusception is soon reproduced.